

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10630844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8	5					
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11	5					
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47						
48						
49						
50					1	

TOTAL IND.

3

TOTAL DEP.

24

TOTAL CLAIMS

27

TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

1